

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/07/2015
NAME OF PROVIDER OR SUPPLIER SPRING CITY CARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 331 HINCH STREET SPRING CITY, TN 37381		
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F 000	INITIAL COMMENTS During the annual recertification survey and investigation of complaints #37356 and #37509 conducted on October 6-7, 2015, at Spring City Care and Rehabilitation Center, no deficiencies were cited in relation to the complaints under 42 CFR PART 483, Requirements for Long Term Care.	F 000			
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that - (1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident's clinical condition demonstrates that use of a naso gastric tube was unavoidable; and (2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation, and	F 322	F 322 1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On 10/5/2015 Assistant Director of Nursing (ADON) and Staff Development Coordinator (SDC) in-serviced the nursing staff on proper policy/procedure of medication administration through an enteral tube with emphasis on checking placement via air bolus and auscultation prior to administering medication. 2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: On 10/6/2015, ADON assessed residents with an enteral feeding tube and placement of tube verified via air bolus and auscultation. On 10/6/2015 ADON and SDC completed competencies with nurses on proper procedure of medication administration through an enteral tube with emphasis on checking placement prior to medication administration. Competencies will be completed on 11/1/2015. 3. What measure will be put into place of what systemic changes will you make to ensure that the deficient practice does not	11/6/15	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 322	<p>Continued From page 1</p> <p>interview, the facility failed to check tube feeding placement for one Resident (#44) of five residents observed with feeding tubes of forty-six residents sampled.</p> <p>The findings included:</p> <p>Review of facility policy Medication Administration Enteral Tubes, dated 12/12 revealed "...verify tube placement...insert a small amount of air into the tube with the syringe and listen to stomach with stethoscope for gurgling sounds..."</p> <p>Medical record review revealed Resident #44 was admitted to the facility on 9/9/15 for diagnoses including Acute Cerebrovascular Accident (stroke), Right Side Hemiparesis (paralysis), Dysphagia (difficulty with swallowing), Diabetes, and Percutaneous Endoscopic Gastrostomy (feeding tube).</p> <p>Medical record review of a Physician's Recapitulation order dated 10/1/15-10/31/15 revealed "...Oxycodone...by PEG [Percutaneous Endoscopic Gastrostomy] every 6 hours as needed..."</p> <p>Observation on 10/5/15 at 3:20 PM, during a medication administration with Licensed Practical Nurse (LPN) #1, revealed the LPN entered Resident #44's room, flushed the resident's PEG tube with 30 cubic centimeters (cc) of water, administered the Oxycodone via the PEG tube, and then flushed the PEG tube with an additional 30 cc of water, without checking placement of the PEG tube.</p> <p>Interview with LPN #1 on 10/5/15 at 3:25 PM, outside room 202, confirmed the LPN did not</p>	F 322	<p>recur: Beginning on 10/19/2015, the Director of Nursing (DON), ADON, SDC, Restorative Nurse Manager (RNM), will begin 5 weekly random observations of medication administration through an enteral tube with emphasis on checking placement times 2 weeks; then 3 times a week for 2 weeks; then 5 random observations monthly times 3 months. If at any time non-compliance occurs the nursing staff will be re in-serviced and the above audits will start over. Progressive discipline will be utilized as needed with the nursing staff for non-compliance. Results of the above audits will be reported to the QAPI committee monthly.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place: During monthly QAPI meetings x 6 months the Chief Executive Officer (CEO) will discuss the results of random audits with the QAPI committee which consists of CEO, DON, ADON, SDC, Maintenance Director, Social Services Director, Human Resources Director, Medical Records Director, and Dietary Manager. If compliance is maintained the random audits will stop and if at any time compliance is not maintained the committee can determine the frequency of audits and education.</p>		

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F 322	Continued From page 2	F 322			
F 441 SS=D	check PEG tube placement before medication administration and did not follow facility policy. 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of	F 441	1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? On 10/5/2015, Assistant Director of Nursing (ADON) in-serviced the nursing staff on proper policy/procedure on blood glucose per finger stick with emphasis on maintaining standard precautions and on cleaning of glucometers. 2. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken: On 10/6/15, Staff Development Coordinator (SDC) assessed residents with blood glucose finger sticks for signs and symptoms of infection. On 10/6/2015, ADON and SDC completed competencies with nurses on proper procedure to obtain blood glucose which includes maintaining standard precautions and cleaning of the glucometers. Competencies will be completed by 11/1/2015. 3. What measure will be put into place of what systemic changes will you make to ensure that the deficient practice does not recur: Beginning on 10/19/2015 the Director of Nursing (DON), ADON and SDC will begin 5 weekly random observations of blood glucose finger sticks	11/6/15	

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F 441	<p>Continued From page 3 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy review, review of manufacturer's recommendations, observation, and interview, the facility failed to follow infection control guidelines during blood glucose monitoring for one resident (#44) of three residents reviewed for glucose monitoring of twelve residents reviewed.</p> <p>The findings included:</p> <p>Review of facility policy, Standard Precautions, not dated, revealed "...wear gloves...when you anticipate direct contact with blood...wear gloves when handling or touching resident-care equipment that is visibly soiled or potentially contaminated with blood..."</p> <p>Review of the manufacturer's recommendations for cleaning a blood glucose monitor revealed "...our cleaning and disinfecting guidelines...are as follows...disinfect your monitor...disinfectant towels with bleach...per CDC [Centers for Disease Control]...blood glucose meters should be cleaned and disinfected after every use..."</p> <p>Medical record review revealed Resident #44 was admitted to the facility on 9/9/15 for diagnoses including Acute Cerebrovascular Accident (stroke), Right Sided Hemiparesis (paralysis), Dysphagia (difficulty with swallowing), Diabetes, and Percutaneous Endoscopic Gastrostomy (feeding tube).</p>	F 441	<p>while maintaining proper infection control techniques times 2 weeks; then 3 times a week for 2 weeks; then 5 random observations monthly x 3 months. If at any time non-compliance occurs the nursing staff will be re-in serviced and the above audits will start over. Progressive discipline will be utilized as needed with the nursing staff for non-compliance. Results of the above audits will be reported to the QAPI committee monthly.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; i.e. what quality assurance program will be put into place: During monthly QAPI meetings x 6 months the Chief Executive Officer (CEO) will discuss the results of random audits with the QAPI committee which consists of CEO, DON, ADON, SDC, Maintenance Director, Social Services Director, Human Resources Director, Medical Records Director, and Dietary Manager. If compliance is maintained the random audits will stop and if at any time compliance is not maintained the committee can determine the frequency of audits and education.</p>		

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F 441	<p>Continued From page 4</p> <p>Observation of blood glucose monitoring (blood sugar check) with Licensed Practical Nurse (LPN) #1 on 10/5/15 at 3:17 PM, in the 200 hallway, revealed the LPN obtained the glucometer (device used to check blood sugars) from the top drawer of the medication cart. Further observation revealed the LPN entered Resident #44's room and without donning gloves, stuck the resident's finger with a lancet (a pricking needle), obtained a drop of blood from the resident's finger, and after obtaining the resident's blood sugar result the LPN exited the room and placed the monitor in the top drawer of the medication cart without disinfecting the glucometer.</p> <p>Interview with LPN #1 on 10/5/15 at 3:25 PM, outside room 202, confirmed the LPN did not wear gloves during a blood sugar check or disinfect the glucometer after performing a blood sugar check. Further interview confirmed the LPN did not follow facility policy.</p>	F 441			